

## POTENTIAL QUALITY ISSUE (PQI) REQUIRED DOCUMENTATION

Please check off and submit the following department-specific documentation when referring a Potential Quality Issue (PQI) to the Quality Improvement Department.

Send completed forms to [PQIReporting@goldchp.org](mailto:PQIReporting@goldchp.org)

### Complaints, Grievances, and Appeals

- PQI Referral Form (see next page).
- Grievance documentation as applicable.

### Utilization Management, Pharmacy, and Claims

- PQI Referral Form (see next page).
- All documentation that was reviewed by your department relating to the case (e.g., medical records, TARs, remarks, case notes, etc.).

### Care Coordination

- PQI Referral Form (see next page).
- Case management notes.
- All other documentation that was reviewed by your department relating to the case (e.g., medical records, TARs, remarks, case notes, etc.).

**Potential Quality Issue (PQI) Referral Form**

Member Last Name:	Member First Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Member ID:	Age:
Reported by (Last Name):	Reported by (First Name):
Job Title / Facility:	<input type="checkbox"/> Internal <input type="checkbox"/> External
Phone #:	Service Form Number (KWIK SF):
Referral Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Behavioral <input type="checkbox"/> Ancillary <input type="checkbox"/> Pharmacy <input type="checkbox"/> PPC	

DATE PQI WAS FIRST IDENTIFIED: \_\_\_\_\_

DATE OF PQI REFERRAL SUBMISSION TO QUALITY IMPROVEMENT DEPARTMENT: \_\_\_\_\_

PROVIDER OF CONCERN: \_\_\_\_\_  CONTRACTED  NON-CONTRACTED

FACILITY OF CONCERN: \_\_\_\_\_  CONTRACTED  NON-CONTRACTED

IF CONTRACTED, PLEASE INDICATE THE FACILITY / PROVIDER ID NUMBER: \_\_\_\_\_

DESCRIPTION OF EVENTS: USING THE SBAR STRUCTURE BELOW, PLEASE DESCRIBE WHAT HAPPENED AND WHY THE CASE IS BEING REFERRED AS A PQI.

Situation:

Background:

**Potential Quality Issue (PQI) Referral Form**

Assessment:

Recommendation:

PLEASE MARK APPLICABLE INDICATORS THAT DESCRIBE THE CONCERN (MAXIMUM OF TWO)

<input type="checkbox"/> Access / Availability	<input type="checkbox"/> Admit within three days of ER	<input type="checkbox"/> Assessment / Treatment / Diagnosis
<input type="checkbox"/> Communications / Conduct	<input type="checkbox"/> Continuity of Care	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Pharmacy / UM Authorizations	<input type="checkbox"/> Readmission	<input type="checkbox"/> Safety
<input type="checkbox"/> Surgical Services	<input type="checkbox"/> Delay in Diagnosis or Treatment	<input type="checkbox"/> Unexpected Death

Please send completed form to [PQIReporting@goldchp.org](mailto:PQIReporting@goldchp.org) with required documentation listed on page 1.

**PQI Referral Form Reference Table**

<p><b>Access / Availability</b></p> <ul style="list-style-type: none"> <li>• Complications due to a delay /denial of service by provider or Plan.</li> <li>• Excessive wait time in the PCP or specialist's office (routine or after hours).</li> </ul>	<p><b>Admit within three days of ER services</b></p>	<p><b>Assessment / Treatment / Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Inadequate assessment, diagnosis or treatment - adult.</li> <li>• Inadequate assessment, diagnosis or treatment - child.</li> </ul>
<p><b>Communications / Conduct</b></p> <ul style="list-style-type: none"> <li>• PCP / specialist does not return phone calls.</li> <li>• Failure to communicate lab results to patient.</li> <li>• Rudeness by provider or office staff.</li> <li>• Threatened lawsuit by member against PCP / PHC / ancillary.</li> <li>• Threatened media event by member.</li> <li>• Culturally inappropriate remarks by PCP / specialist or staff.</li> <li>• Allegations of sexual misconduct.</li> <li>• Allegations of discrimination.</li> <li>• Unprofessional conduct.</li> <li>• Staff speaking a language other than English while in the performance of their duties at a PCP / specialist or ancillary office.</li> </ul>	<p><b>Continuity of Care</b></p> <ul style="list-style-type: none"> <li>• Adverse outcome due to delay in referral to specialist.</li> <li>• Delay in ordering tests / forwarding radiology / lab forms to ancillary providers.</li> </ul>	<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Failure to communicate patient's medications to PCP.</li> <li>• Failure to communicate patient's medications to mental health provider.</li> <li>• Inadequate referral of a suicidal or homicidal patient.</li> </ul>
<p><b>Pharmacy / UM Authorizations</b></p> <ul style="list-style-type: none"> <li>• Overprescribing of narcotics.</li> <li>• Inadequate or lack of a physical assessment on patients prior to prescribing narcotics.</li> <li>• Abruptly terminating members narcotics without a plan for the weaning process.</li> <li>• Refusal to follow the pharmacy formulary and/or the Contract Drug List (CDL).</li> <li>• Delay in completion of a TAR for medications, causing a delay in member's treatment regimen.</li> </ul>	<p><b>Readmission / UM</b></p> <ul style="list-style-type: none"> <li>• Readmission less than 15 days from discharge.</li> <li>• Adverse outcome due to premature discharge.</li> </ul>	<p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Fall in SNF or acute care.</li> <li>• Report by member that conditions of facility are unsafe, dirty, etc.</li> </ul>
<p><b>Surgical Services</b></p> <ul style="list-style-type: none"> <li>• Post-op diagnosis differs from pre-op diagnosis.</li> <li>• Surgical complication.</li> <li>• Unplanned return to surgery or repeats invasive procedure.</li> <li>• Blood loss during surgery requiring transfusion.</li> <li>• Admission following outpatient procedure.</li> <li>• Unexpected maternal transfer to a higher level of care.</li> <li>• Delivery complication.</li> </ul>		<p><b>Unexpected Death</b></p>